



CERTIFICATION OF COMPLETION LANDSCAPE INSTALLATION P-25(D)

[Development Services](#)

Planning Division
1635 Faraday Avenue
(760) 602-4610
www.carlsbadca.gov

Project Name: _____

Permit Address: _____

Permit Number: _____

Drawing Number: _____

I certify that I have inspected the planting and irrigation system and that:

- 1) All landscape work has been installed and completed per the plans and specifications approved by the City of Carlsbad;***
- 2) All required soil amendments were incorporated;***
- 3) The installed irrigation system is functioning as designed and approved;***
- 4) The irrigation control system was properly programmed in accordance with the irrigation schedule; and***
- 5) The person operating the system has received all required maintenance and irrigation plans.***

Project Landscape Architect or Professional of Record

Date

License Number and Expiration Date: _____

Firm Name: _____

Phone number: _____

Following receipt of this Certification of Completion by the City, a final review of the installation will be performed by the City. Fax the certification letter to: **760-602-8559**

Call the Landscape Inspection Request Phone Line at **760-602-4602** to schedule the inspection.

Inspection Contact Name: _____

Phone Number: _____

Contactor Firm Name: _____